



Send completed forms to  
DOH Communicable  
Disease Epidemiology  
Fax: 206-361-2930

**LHJ Use** ID \_\_\_\_\_  
☐ Reported to DOH Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
**LHJ Classification** ☐ Confirmed  
☐ Probable  
By: ☐ Lab ☐ Clinical  
☐ Other: \_\_\_\_\_  
Outbreak # (LHJ) \_\_\_\_\_ (DOH) \_\_\_\_\_

**DOH Use** ID \_\_\_\_\_  
Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
**DOH Classification**  
☐ Confirmed  
☐ Probable  
☐ No count; reason: \_\_\_\_\_

# Typhus, murine

County \_\_\_\_\_

## REPORT SOURCE

Initial report date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reporter (check all that apply)  
☐ Lab ☐ Hospital ☐ HCP  
☐ Public health agency ☐ Other  
OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name \_\_\_\_\_  
Reporter phone \_\_\_\_\_  
Primary HCP name \_\_\_\_\_  
Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_  
Address \_\_\_\_\_ ☐ Homeless  
City/State/Zip \_\_\_\_\_  
Phone(s)/Email \_\_\_\_\_  
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Occupation/grade \_\_\_\_\_  
Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Gender ☐ F ☐ M ☐ Other ☐ Unk  
Ethnicity ☐ Hispanic or Latino  
☐ Not Hispanic or Latino  
Race (check all that apply)  
☐ Amer Ind/AK Native ☐ Asian  
☐ Native HI/other PI ☐ Black/Afr Amer  
☐ White ☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Illness duration: \_\_\_\_ days

### Signs and Symptoms

Y N DK NA  
☐ ☐ ☐ ☐ **Fever** Highest measured temp: \_\_\_\_ °F  
Type: ☐ Oral ☐ Rectal ☐ Other: \_\_\_\_\_ ☐ Unk  
☐ ☐ ☐ ☐ **Chills**  
☐ ☐ ☐ ☐ **Headache**  
☐ ☐ ☐ ☐ **Muscle aches or pain (myalgia)**  
☐ ☐ ☐ ☐ **Generalized pains**  
☐ ☐ ☐ ☐ **Rash**  
☐ ☐ ☐ ☐ **Nausea**  
☐ ☐ ☐ ☐ **Vomiting**

### Clinical Findings

Y N DK NA  
☐ ☐ ☐ ☐ Prostration  
☐ ☐ ☐ ☐ **Rash observed by health care provider**  
Rash distribution: \_\_\_\_\_  
☐ Generalized ☐ Localized  
☐ Maculopapular ☐ Petechial ☐ Centrifugal  
☐ Other: \_\_\_\_\_

### Hospitalization

Y N DK NA  
☐ ☐ ☐ ☐ Hospitalized for this illness  
Hospital name \_\_\_\_\_  
Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Y N DK NA  
☐ ☐ ☐ ☐ Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ ☐ ☐ ☐ Autopsy

### Laboratory

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Y N DK NA  
☐ ☐ ☐ ☐ (Probable) A single positive IgM or IgG titer  
☐ ☐ ☐ ☐ *Rickettsia typhi* isolation by PCR assay (clinical specimen)  
☐ ☐ ☐ ☐ ≥ 4-fold rise in antibody titer (serum pair, at same lab)  
☐ ☐ ☐ ☐ Identification of *R. typhi* in tissue by immunohistochemical stain

## NOTES

**INFECTION TIMELINE**

Enter onset date (first sx)  
in heavy box. Count  
backward to determine  
probable exposure period

Days from  
onset:

Exposure period

-14

-7

o  
n  
s  
e  
t

Calendar dates:

**EXPOSURE (Refer to dates above)**

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or  
outside of usual routine

Out of: ☐ County ☐ State ☐ Country

Dates/Locations: \_\_\_\_\_

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms

☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**

☐ ☐ ☐ ☐ Insect or tick bite

☐ Deer fly ☐ Flea ☐ Mosquito ☐ Tick

☐ Louse ☐ Other: \_\_\_\_\_ ☐ Unk

Location of insect or tick exposure

☐ WA county ☐ Other state ☐ Other country

☐ Multiple exposures ☐ Unk

Date of exposure: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Slept in places with evidence of rodents (e.g.  
animals, nest, excreta)

Y N DK NA

☐ ☐ ☐ ☐ Wild rodent or wild rodent excreta exposure  
Where rodent exposure probably occurred:

☐ ☐ ☐ ☐ Cleaned wild rodent nests or excreta

☐ ☐ ☐ ☐ Outdoor or recreational activities (e.g. lawn  
mowing, gardening, hunting, hiking, camping,  
sports, yard work)

☐ ☐ ☐ ☐ Exposure to squirrel infested building

☐ ☐ ☐ ☐ Exposure to pets

Cat or kitten ☐ Y ☐ N ☐ DK ☐ NA

Dog or puppy ☐ Y ☐ N ☐ DK ☐ NA

Other: \_\_\_\_\_

Pet free-roaming? ☐ Y ☐ N ☐ DK ☐ NA

Was the pet sick? ☐ Y ☐ N ☐ DK ☐ NA

☐ ☐ ☐ ☐ Wildlife or wild animal exposure

Specify: \_\_\_\_\_

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: \_\_\_\_\_

Site name/address: \_\_\_\_\_

Where did exposure probably occur? ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk

**PATIENT PROPHYLAXIS/TREATMENT**

Y N DK NA

☐ ☐ ☐ ☐ Antibiotics prescribed for this illness Name: \_\_\_\_\_

Date antibiotic treatment began: \_\_\_\_/\_\_\_\_/\_\_\_\_ # days antibiotic actually taken: \_\_\_\_\_

**PUBLIC HEALTH ISSUES**

Y N DK NA

☐ ☐ ☐ ☐ Outbreak related

**PUBLIC HEALTH ACTIONS**

☐ Education on pest control

☐ Rodent

☐ Flea

☐ Other, specify: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_ Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_